

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000068374

1. Entity Name  
JADE MAXX, INC.



Principal Place of Business  
5431 SPRING HILL DR  
SPRING HILL, FL 34606

Mailing Address  
5431 SPRING HILL DR  
SPRING HILL, FL 34606



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3529360

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA FONTE, RICHARD J  
1000 BELCHER RD. SOUTH, STE. 2  
LARGO, FL 34641

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
MCGILLIVRAY, JACKIE  
STREET ADDRESS  
2322 MEADOW LARK RD.  
CITY-ST-ZIP  
SPRING HILL, FL 34608

11000001R7303  
01/24/05-80036-002 150.00

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #